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ABSTRACT

As a result of the Holocaust, many survivors developed long term psychosocial impairment known as the Post-traumatic Stress Disorder (PTSD), which is characterized by depression, anxiety, hypocondriasis, inability to concentrate or to express anger, nightmares, insomnia, obsessive thoughts, guilt, mistrust, and alienation. The literature in this area clearly documents that the effects of the Holocaust are transgenerational, i.e., due to an inability to individuate from their parents by adolescence, many children of Holocaust survivors begin to exhibit PTSD symptoms. Because these children are seen by their parents as symbols to compensate for all they lost in the Holocaust, and as their only links to the outside world, they are taught conformity, mistrust, shame, and guilt. As a result, they are unable to establish trust, the initial developmental task. Through group therapy with fellow survivors and their children, both parents and children can be helped to recognize their losses and to restore continuity, belonging, and rootedness to their lives. The knowledge gained from working with Holocaust survivors and their children can be used to help the children of survivors of other catastrophies. (BL)

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# Children of Holocaust Survivors

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Abstract

As a result of the Holocaust, many survivors developed long-term psychosocial impairement known as the Post-Traumatic Stress Disorder (PTSD). Due to their inability to individuate from their parents, by adolescence, many offspring of Holocaust survivors began to exhibit PTSD symptoms. The purpose of this paper is to review the literature on children of Holocaust survivors and present some of my findings from interviews with them. I will describe the symptoms exhibited by Holocaust survivors and their children, explain the transmission porcess, and finally offer suggestion to clinicans working with children of survivors of any catastrophe.

"The fathers have eaten a sour grape, and the children's teeth are set on edge." Jeremiah 31:29

## Introduction

Social supporters clearly benefit victims of catastroph (Burge, 1983). When victims rely too heavily on too few supporters, however, these drained supporters can develop psychosocial impairment themselves (Kishur, 1983). An example of drained supporters who develop impairment is children of Holocaust survivors. In this paper I will review the literature on Holocaust survivors' children and present some of my findings from interviews with them. I will describe the symptoms exhibited by Holocaust survivors and their children, explain the transmission process, and finally offer some suggestions to clinicians working with offspring of survivors of any catastrophe.

## Symptoms

Although the Holocaust occurred over forty years ago, many survivors and their children are still exhibiting psychosocial impairment. Although not all survivors exhibit impairment, it is impossible to know the incidence of those who do, since there are few statistics on Holocaust survivors in the general population. In 1956 the Concentration Camp Syndrome (Niederland, 1968) was the specific name given to

the symptoms exhibited by Holocaust survivors. These symptoms include inability to concentrate, depression, inability to express anger, anxiety, psychosomatic illness and hypocondriasis, nightmares, insomnia, obsessive thoughts about the Holocaust, survivor guilt, mistrust, and estrangement from others (Danieli, 1981;1982; Eitenger, 1980; Koenig, 1964; Niederland, 1968). In 1980 the DSM III (APA, 1980) characterized most of these symptoms occurring in offspring of any catastrophe as the Post-Traumatic Stress Disorder (PTSD).

By adolescence many offspring of Holocaust survivors began exhibiting the same symptoms as their parents, and some sought psychotherapy. The symptoms they exhibited were inability to concentrate, inability to express and control anger, depression, psychosomatic illness, lack of individuality, mistrust, estrangement from others, guilt (Barocas, 1975; Danieli, 1981;1982; Epstein, 1979; Phillips, 1978; Russell, 1980; Rustin & Lipspig, 1972; Sigal, Silver, Rakoff, & Ellin, 1973; Steinitz & Szony, 1975; Timmick, 1981), nightmares and drug abuse (Scheider, 1978; Timmick, 1981). Thus, without having experienced their parents' traumatic event, these children exhibited the same symptoms as their Holocaust survivor parents. In 1980, I interivewed eleven offspring of Holocaust survivors. All of these eleven reported some of these symptoms I just mentioned.

One example is my interview with Marc W., age twenty-one. (Marc W. is a pseudonym). In grammar school, Marc began collecting books on the Holocaust. He read and re-read passages

of these books to his friends, and became annoyed that they did not take the Holocaust as seriously as he did. In grammar school, he often threatened suicide, and at age eleven, he made an unsuccessful attempt by throwing himself in front of a moving school bus. By junior high school, Marc became a heavy drug abuser and drug dealer. He became the leader of a cohesive gang who sold drugs for him and stole for him by robbing houses and shoplifting. Although he overdosed on drugs several times in high school, he was unclear whether any of these overdoses was a suicide attempt. Marc managed to graduate high school and was admitted to college. During his first year in college, his father died. Marc blamed himself for his father's death, and reports making a conscious effort to change his lifestyle. He quit drugs, disbanded his gang, and began to take his studies seriously. Presently he is in his last year of law school, and plans on taking aMasters in international law. Although Marc seems to overcome his problems in adulthood, I am not implying.that in all cases impairment ends by adulthood.

## Process of PTSD Transmission

The literature clearly documents that the effects of the Holocaust are transgenerational, and this case study is an illustration of the process. In order to prevent second generation effects from occurring in other catastrophes, we need to know not only <u>that</u> the transmission occurs, but <u>how</u>

it occurs. There is a growing consensus in the Holocaust literature that the transmission from parents to children occurs by the inability to individuate from one's parents and establish one's own identity (Barocas, 1975; Danieli, 1981; 1982; Phillips, 1978; Russell, 1980; Steinitz & Szony, 1975; Wanderman, 1975). In transmitting traumatization from parents to children, the normative process of identification is impaired.

Instead of allowing the children to establish their own identities, the parents try to hammer their identities into their children. The parents view their children as symbols to compensate for all they have lost and suffered, and the children readily assume this responsibility (Barocas, 1975; Danieli, 1981;1982; Epstein, 1979; Russell, 1980; Steinitz & Szony, 1975; Wanderman, 1975). Helen Epstein (1979) an author of a book on children of Holocaust survivors quotes this perception of responsibility from a survivor child who says:

> I knew my parents had crossed a chasm, and that each of them had crossed it alone. I was their first companion, a new life, and I knew this life had to be pure life. This life was as different from death as good was from evil, and the present was from the past(p. 30).

Rather than blaming Holocaust survivors for expecting their children to compensate for all they have lost, we need to keep in mind the impact of their losses. Every person, possession, value, and belief in their lives was

destroyed in the Holocaust, and they redefined their world as evil and dangerous and populated by hostile others (Bergmann & Jucovy, 1982; Danieli, 1981;1982; Eitenger, 1980; Niederland,1968).

After the war, Holocaust survivors hastily married, but almost always other Holocaust survivors. Because they preceived all other nonHolocaust survivors as hostile, they chose mostly other survivors as their friends (Danieli,1982; Epstein, 1979). Their children became their only substantial link to the outside world. Thus suvivors relied too heavily on too few supporters (ie. their children). Often the parents used their children as a captive audience to recount graphic details of the Holocaust experience. For many children of survivors, the responsibility of being their parents chief social supporter was too great to endure.

Thus, in expecting their children to provide their lives with meaning, survivors took from their children, but they also gave. They desperately wanted to insure that their children wiuld be safe in a world in which Holocausts can occur. To insure safety, they taught their children that the world was hostile, and that they must always be on gaurd (Barocas, 1975; Danieli, 1981;1982; Epstein, 1979; Sigal et al., 1973; Steinitz & Szony, 1975; Wanderman, 1975; Timmick, 1981). Although the children's experience did not fit their parents' worldview, they were taught to be mistrustful enough of outsiders and guilt-ridden towards their parents that they accepted their parents' worldview. Apparently they

identified with their parents so closely, that like their parents, they developed PTSD symptoms.

Although the components of Erikson's theory of identity formation are used consistently to explain the symptoms of children of survivors, none of the Holocaust researchers explicitly uses Erikson's theory to explain the survivor's child's difficulties. I will therefore briefly explain their identity formation using Erikson's framework.

First of all, children of Holocaust survivors' attempt to individuate was problematic, since it was different from that of their peers. Normally, according to Erikson's theory, identity formation involves a sorting out of all former identifications in which the influences of others are resynthesized into the adolescent's unique identity (Erikson, 1968). In the case of children of survivors, their parents demanded total conformity to their own identities, so that no selecting was possible (Barocas, 1975; Danieli, 1981;1982; Russell, 1980).

Moreover, these adolescents were not prepared to individuate, since their previous developmental stages have not been mastered. According to Erikson, the childhood tasks are trust, autonomy, initiative, and industry (Erikson, 1968). If these tasks are not mastered, impairment rather than identity formation will result.

From the onset, children of survivors never completed the initial trust stage. They were taught to mistrust (Danieli, 1981;1982; Epstein, 1979; Sigal et al., 1973; Steinitz & Szony, 1975; Wanderman, 1975; Timmick, 1981).

Consequently none of the other stages were allowed to develop. In place of autonomy, children were taught shame and guilt (Barocas, 1975; Epstein, 1979; Phillips, 1978; Rustin & Lipsig, 1972; Sigal & Rakoff, 1971). Industry was encouraged but inconsistently. On one hand, high achievement in school was encouraged, yet the adolescent felt guilty for surpassing the accomplishmants of his/her parents (Danieli, 1981; 1982; Epstain, 1979; Phillips, 1978).

Also, according to Erikson (1968), these children could not possibly have learned trust, autonomy, initiative, and industry, if their parents did not possess these qualities themselves. According to Koenig (1964) as a result of the Holocaust, survivors suffered ego regression and thus had not mastered any of these tasks themselves.

Thus, unlike their peers, children of Holocaust surviors were unable to individuate from their parents and in their struggle to individuate, they developed PTSD symptoms. According to Bergmann and Jucovy (1982) the task of adolscents of survivors was different from that of their peers in this way:

> The task of survivors' children who are becoming adults is to understand their parents' past experience without degrading or idealizing them. In one sense, this task is not different from that of other ycung adults growing into adulthood. Yet, it is different in that it concurs a reality that defies trust in human nature and creates obstacles to the young person's need to understand history as a basis for the present and the future (p.61).

## Suggestions for Clinicians

By late adolescence, many children of Holocaust survivors sought psychotherapy for PTSD symptoms. Clinicans who have worked with children of survivors have written of their difficulty in working with them (Russell, 1980; Rustin & Lipsig, 1972). Therapists tend to blame the client for not understanding their parents' traumatic expereince instead of viewing the client as a victim of the Holocaust as well.

The type of therapy which seems to be successful for survivors and their children is group therapy with fellow survivors (Danieli, 1982; Russell, 1980). Danieli has tried support groups involving both generations. A group of fellow survivors and children can help each other to recognize their losses and then attempt to restore a sense of continuity, belonging, and rootedness. One of the strategies Danieli uses to reach these goals to is have group members construct a three generational family tree.

## Conclusions

Thus we know that not only survivors, but their children as well are traumatized by the Holocaust. From this we can hypothesize that children of survivors of other catastrophes such as Vietnam veterans, burn victims, rape victims, etc. may identify with their parents to the extent that they develop the same symptoms. Perhaps we can use this information to assess parent-child interaction of such groups to determine whether the transmission of PTSD is occurring and develop

intervention programs to counteract this.

Finally, I want to emphasize that for most people, the Holocaust is simply history. We need to be reminded, therefore, that for some survivors and their children, catastrophes such as the Holocaust are not history; They are a part of their everyday lives.

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